



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CALIFORNIA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

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February 22, 2007

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

FILED
2007 FEB 22 AM 10:07
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED – 3 VOTES)**

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10895667 in amount of \$13,716.34
Account Number 11183412 in amount of \$5,000
Account Number 10973733 in amount of \$32,046
Account Number 10824634 in amount of \$13,000
Account Number 11246266 in amount of \$50,000
Account Number 10946832 in amount of \$4,826
Account Number 11167361 in amount of \$3,600

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

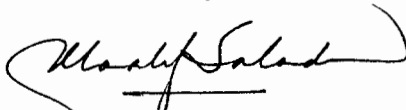
FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:ts

X:Comp.90

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

by


Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 90A
DATE: February 22, 2007

Amount of Aid	\$180,301.00	Account Number	10895667
Amount Paid	0.00	Name	Adult Male
Balance Due	180,301.00	Service Date	07/15/04 thru 11/03/04
Compromise Amount Offered	13,716.34	Facility	Rancho Los Amigo Hospital/ Harbor UCLA Medical Center
Amount to be Written Off	\$166,584.66	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at Rancho Los Amigo Hospital and Harbor UCLA Medical Center at a cost of \$180,301.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$45,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 18,000.00	\$18,000.00	40.00%
Attorney Cost	2,152.80	2,152.00	4.78%
Los Angeles City Fire Department	576.25	576.25	1.28%
Steven Taus, M.D.	3,920.00	2,744.00	6.10%
George Taus, M.D.	150.00	100.00	0.22%
Richard S. Gluckman, M.D.	2,775.00	2,200.00	4.89%
County of Los Angeles	180,301.00	13,716.34	30.48%
Net to Client	N/A	5,511.41	12.25%
Total	\$207,875.05	\$45,000.00	100.00%

Our financial investigation reveals that the client supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 90B
DATE: February 22, 2007

Amount of Aid	\$31,210.00	Account Number	11183412
Amount Paid	0.00	Name	Adult Male
Balance Due	31,210.00	Service Date	02/12/06 thru 02/16/06
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$26,210.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$31,210.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 3,750.00	\$ 3,250.00	21.67%
Attorney Cost	625.00	625.00	4.17%
West Covina Premiere	500.00	200.00	1.33%
ER Physicians (County USC)	800.00	350.00	2.33%
County of Los Angeles	31,210.00	5,000.00	33.33%
Net to Client	N/A	5,575.00	37.17%
Total	\$36,885.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from his mother. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 90C
DATE: February 22, 2007

Amount of Aid	\$113,259.00	Account Number	10973733
Amount Paid	0.00	Name	Adult Female
Balance Due	113,259.00	Service Date	04/04/05 to 05/13/05
Compromise Amount Offered	32,046.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$ 81,213.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$113,259.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 33,333.33	\$ 33,333.33	33.33%
Attorney Cost	868.82	868.82	0.87%
Lakewood Regional Medical Center	6,303.00	4,000.00	4.00%
County of Los Angeles	113,259.00	32,046.00	32.05%
Net to Client	N/A	29,751.85	29.75%
Total	\$153,764.15	\$100,000.00	100.00%

Our financial investigation reveals that the client supports herself with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 90D
DATE: February 22, 2007

Amount of Aid	\$46,888.00	Account Number	10824634
Amount Paid	0.00	Name	Adult Female
Balance Due	46,888.00	Service Date	07/13/03 thru 04/19/04
Compromise Amount Offered	13,000.00	Facility	Olive View Medical Center
Amount to be Written Off	\$33,888.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Olive View Medical Center at a cost of \$46,888.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$105,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 42,000.00	\$ 40,000.00	38.10%
Attorney Cost	15,500.00	7,750.00	7.38%
Surgicare	32,000.00	8,000.00	7.62%
Dr. Charles Bosley	25,000.00	6,000.00	5.71%
Dr. Paul Guidry	9,000.00	2,250.00	2.14%
Whitehaven, S.F. LLC	8,000.00	8,000.00	7.62%
County of Los Angeles	46,888.00	13,000.00	12.38%
Net to Client	N/A	20,000.00	19.05%
Total	\$178,388.00	\$105,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by friends. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 90E
DATE: February 22, 2007

Amount of Aid	\$97,507.00	Account Number	11246266
Amount Paid	0.00	Name	Adult Male
Balance Due	97,507.00	Service Date	01/18/06 thru 03/01/06
Compromise Amount Offered	50,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$47,507.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$97,507.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 25,000.00	\$ 25,000.00	25.00%
County of Los Angeles	97,507.00	50,000.00	50.00%
Net to Client	N/A	25,000.00	25.00%
Total	\$122,507.00	\$100,000.00	100.00%

Our financial investigation reveals that the client is unemployed. His only source of income is from his disability. He has no tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 90F
DATE: February 22, 2007

Amount of Aid	\$564,776.00	Account Number	10946832
Amount Paid	0.00	Name	Adult Male
Balance Due	564,776.00	Service Date	02/16/03 thru 08/03/04
Compromise Amount Off	4,826.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$559,950.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$564,776.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,000.00	\$ 6,000.00	40.00%
Attorney Cost	390.00	0.00	0.00%
American Medical Response	864.00	864.00	5.76%
County of Los Angeles	564,776.00	4,826.00	32.17%
Net to Client	N/A	3,310.00	22.07%
Total	\$572,030.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 90G
DATE: February 22, 2007

Amount of Aid	\$51,525.00	Account Number	11167361
Amount Paid	0.00	Name	Adult Male
Balance Due	51,525.00	Service Date	10/28/05 thru 03/06/06
Compromise Amount Off	3,600.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$47,925.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$51,525.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,000.00	\$ 6,000.00	40.00%
Attorney Cost	628.00	0.00	0.00%
Dr. Gary Shu	12,325.00	842.00	5.61%
Metropolitan Clinic	7,950.00	527.00	3.51%
Custom RX Pharmacy	394.80	31.00	0.21%
County of Los Angeles	51,525.00	3,600.00	24.00%
Net to Client	N/A	4,000.00	26.67%
Total	\$78,822.80	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from relatives. He has no other source of income or tangible assets.